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| APPLICANT: | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CONTACT NUMBER: |  |
| PATIENT DETAILS: | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| APPLICATION RECEIVED FROM | Eligible concession cards: please tick (√)  holders of RMS issued Mobility Parking Scheme permit  holders of a Pensioner Concession Card  holders of a Gold Veterans Affairs Card  holders of a Health Care Card  Ongoing cancer treatment or renal dialysis patients  Patients and carers who are required to attend the hospital for a course of treatment over a period greater than one week  Patients and carers attending more frequently than twice weekly, including carers of long term patients who visit frequently  Cardiac Rehabilitation Education & Exercise class attendees  Daily dressing outpatients  Health Promotion Education class attendees | | |
| PARKING FEES: | Temporary concessional tickets allow for patient and patient carers attending the hospital more frequently than twice weekly.    Concessions offered: 0-3 Hours – Free  3+ Hours – Fee: $3.00 (1 exit only)  please tick (√) 3 Day Ticket – Fee: $8.00 per ticket  7 Day Ticket – Fee: $15.00 per ticket  Please note: Temporary concessional parking tickets are for use on consecutive days only and are non-transferrable. | | |

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| NURSE UNIT MANAGER or  SOCIAL WORKER:  Confirmation for patient or carer concession | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HOSPITAL / WILSONS STAFF ONLY: | Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Concession valid until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Completed form to be sent to: ISLHD-ShoalhavenCarPark@health.nsw.gov.au* |